Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8 <u>/10/2010</u>	Address:	North of 10095 N. Turkey
Case #:	<u>24-31</u> 7 <u>64</u>		Creek Road
County:	<u>Kosciusko</u>		<u>INDIANA</u>
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open - No Structure Other;
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: open air			
Corrosive Base: open air			
Other (item and location):			
Yes	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: Turkey Creek TWP. artment: Kosciusko County ction Service: n/a	Fax: <u>574-457-4100</u> Fax: <u>(574) 269-2023</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone 57 <u>4-546-4900</u>			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.